ISSUE SLIP STAPLE AREA (for additional cross references) 000, 00 4 ID NO. |‰∴JALS POSTION DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW INDEX OF CLAIMS** Rejected N Non-elected Interference -. (Through numeral) Canceled A Appeal ÷ Restricted O Objected Claim Date Date Date Final Original If more than 150 claims or 1946 ST AVAILABLE COPY

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